# **AUTO CR - LOG SUMMARY #1071837**

TYPE:

INFO

# **Incident Finding / Overall Case Finding**

Description of Incident Finding Entered By Entered Date

It is reported that the involved member responded to a call related to teens inside of an abandoned house. The involved member walked through the backyard and a pitbull ran charged at him. The involved member discharged his firearm once striking the pitbull once in the head, causing the animal to be destroyed.

(None Entered)

#### **Reporting Party Information**

	Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone	
CPD	Reporting Party Third	WIECZOREK,	268		009 /	LIEUTENANT OF	М	WHI			
Employee	Party	THOMAS E				POLICE					

#### **Incident Information**

Incident From Date/Time	Address of Incident Beat	Dist. Of Occurrence	Location Code Location Description
05-OCT-2014 05:33 - 05-OCT-2014 05:33	0934	009	304 - STREET

#### **Accused Members**

#### Other Involved Parties

	Role	Name	Star No.	Emp No. UOA / UOD	Position	Sex	Race Address Phone
CPD	Involved Member	JEFFERSON,	2445	009 /	SERGEANT OF	М	BLK
Employee		SHERMAN			POLICE		

#### **Involved Party Associations**

Role	Rep. Party Name	Related Person	Relationship
	INCO, I GILY MAINE	related i croon	

#### **Incident Details**

CR Required?		Manner Incident Received?	PAX
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N	Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IPRA	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Civil Suit Settled Date:	
Notify Chief Administator?	N	Notify Chief?	
Notify Coordinator?		Notification Does Not Apply?	Υ
Notification Other?	N		
Notification Comments:			

#### **Incident Category List**

# **Investigator History**

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# **Investigator History**

Investigator	Туре	Assigned Team	Assigned Date	Scheduled End Date	Investigation End Date	No. of Days	
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# **Extension History**

Name	Previous Scheduled End Date	Extended Scheduled End Date	Date Certified Letter Sent	Reason Selected	Explination	Extension Report Date	Approved By	Approved Date	Approval Comments
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# **Current Allegations**

Accused Name	Seq. No.	Allegation	Category	Subcategory	Finding	
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# Situations (Allegation Details)

Accused Name	Alleg. No.	Situation	Victim/Offender Armed?	Weapon Types	Weapon Other	Weapon Recovered?	Deceased?	
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# **Status History**

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
ADMINISTRATIVELY CLOSED	01-DEC-2014 10:06	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
CLOSED AT C.O.P.A.	01-DEC-2014 10:06	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
PENDING ASSIGN TEAM	12-NOV-2014 09:46	ROBERTS, GEORGE	SUPERVISING INVESTIGATOR	113 /	
PENDING SUPERVISOR REVIEW	12-NOV-2014 09:16	TOUSANT, LISA	INTAKE AIDE	113 /	
PRELIMINARY	12-NOV-2014 09:16	TOUSANT, LISA	INTAKE AIDE	113 /	
PRELIMINARY	20-OCT-2014 08:24	HAYES, SHANNON	INVESTIGATOR 2 COPA	113 /	
PRELIMINARY	06-OCT-2014 08:26	KOBEL, DANIEL	INVESTIGATOR I COPA	113 /	Related Complaint is Log#1071838
PRELIMINARY	06-OCT-2014 07:14	QUERFURTH, PATRICK	SUPERVISING INV COPA	113 /	Drug/Alcohol testing
PENDING SUPERVISOR REVIEW	05-OCT-2014 07:11	DAVIS, LAKEISHA	INVESTIGATOR 2 COPA	113 /	
PRELIMINARY	05-OCT-2014 07:05	DAVIS, LAKEISHA	INVESTIGATOR 2 COPA	113 /	

# **Attachments**

No.	Туре	Related Person	No. of Pages	Narrative	Original in File	Entered By	Entered Date/Time	Status	Approve Content	Approve Inclusion
1	FACE SHEET		3			DAVIS, LAKEISHA	05-OCT-2014 07:05			
	DOCUMENTS - INTAKE INCIDENT		13		N	TOUSANT, LISA	12-NOV-2014 09:15	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2		N	DAVIS, LAKEISHA	05-OCT-2014 10:22	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2	Sgt. Jefferson	N	DAVIS, LAKEISHA	05-OCT-2014 10:21	APPROVED		

# **Review Incident**

Review	Accused/Involved	Result	Reviewed	Decition	Unit	Review	Pomorko
Туре	Member Name	Туре	Ву	Position	OIIIL	Date	Remarks

# **Review Accused**

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks

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# **Accused Finding History**

Accused Allegation Reviewed By Reviewed CCR? Concur? Finding Comments

# **Accused Penalty History**

Accused Reviewed By Reviewed CCR? Concur? Penalty Comments

# **Findings**

Accused Name Allegations Category Concur? Findings Comments

# FACE SHEET (Notification Date: 05-OCT-2014) - LOG #1071837

TYPE: INFO

# **Reporting Party Information**

	Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Reporting Party Third Party	WIECZOREK, THOMAS E	268		009 /	LIEUTENANT OF POLICE	М	WHI		

#### Incident Information

Incident From Date/Time	Address of Incident	Beat	Dist. Of Occurrence	Location Code	Location Description
05-OCT-2014 05:33 - 05-OCT-2014 05:33		0934	009	304 - STREET	

#### **Accused Members**

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Status	Initial / Intake Allegation	
Note	Ivaille	Star No.	Linp No.	OCA / OOD	rosition	Status	ilitiai / ilitake Allegation	

#### **Incident Details**

CR Required?		Manner Incident Received?	PAX
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N		
Motor Vehicle (V)?		Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IPRA	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Notify Chief?	
Notify Chief Administator?	N	Notification Does Not Apply?	Υ
Notify Coordinator?			
Notification Other?	N		

# **Initial Incident Category List**

Initial Incident Category	Primary?
20B - GROUP 20 - NOTIFICATIONS SHOTS FIRED - DESTRUCTION OF ANIMAL	Υ

# **Assignment History**

Assigned To	Assigned Team	Investigator	Assignment Date/Time Assigned By	Reason
IPRA	CIVILIAN OFFICE OF POLICE ACCOUNTABILITY	-	05-OCT-2014 19:05 DAVIS, LAKEISHA	

# **Status History**

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
ADMINISTRATIVELY CLOSED	01-DEC-2014 10:06	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
CLOSED AT C.O.P.A.	01-DEC-2014 10:06	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
PENDING ASSIGN TEAM	12-NOV-2014 09:46	ROBERTS, GEORGE	SUPERVISING INVESTIGATOR	113 /	
PENDING SUPERVISOR REVIEW	12-NOV-2014 09:16	TOUSANT, LISA	INTAKE AIDE	113 /	
PRELIMINARY	12-NOV-2014 09:16	TOUSANT, LISA	INTAKE AIDE	113 /	
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PRELIMINARY	06-OCT-2014 08:26	KOBEL, DANIEL	INVESTIGATOR I COPA	113 /	Related Complaint is Log#1071838
PRELIMINARY	06-OCT-2014 07:14	QUERFURTH, PATRICK	SUPERVISING INV COPA	113 /	Drug/Alcohol testing

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# **Status History**

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD Comments
PENDING SUPERVISOR REVIEW	05-OCT-2014 07:11	DAVIS, LAKEISHA	INVESTIGATOR 2 COPA	113 /
PRELIMINARY	05-OCT-2014 07:05	DAVIS, LAKEISHA	INVESTIGATOR 2 COPA	113 /

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# TACTICAL RESPONSE REPORT/Chicago Police Department

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CPD-11.377 (REV. 10/07)

LOG#\_\_\_\_

Attachment #\_\_\_\_\_

WATO	H COMMANDER/C	CIC REVIEW	
THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL ININCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR; 3.) ACCIDENTAL DIS	CIDENTS THAT DID NOT INVOLVE SCHARGE OF A FIREARM NOT RE	THE DISCHARGE OF A FIREARM; 2.) FIRE SULTING IN AN INJURY TO ANY PERSON	EARM DISCHARGE
THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARG BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESS THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.	E THAT DOES NOT RESULT IN AN	INJURY TO ANY PERSON; 2.) MEMBER'S	USE OF FORCE
75, SUBJECT'S STATEMENT REGARDING THE USE OF FORCE	<b>∑</b> DNA	REFUSED	UNABLE TO INTERVIEW (Specify Reason)
Animal destruction			
76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING Incident reported under 3-ANOV's issued, Sp Investigator Davis IPRA Notified 1900 hrs IAD Sgt. Vanna #2232 notified on scene in 009 @ 1830 hrs Reporting Commander's investigation has determined that Sgt.	ent casing inventoried und		e of Force.
77 WATCH COMMANDED/OCC CURDING BASED (1904) CURDENTLY AVAILABLE BUT	CODIATION:	nnumbensi keinan kammannum soi anni oli teelin arankon kirio Suuki	
77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE IN  I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.	I	T FURTHER INVESTIGATION IS REQUIRE	D.
	LOG NO/CRNO	OBTAINED	
78. WATCH COMMANDER/OCIC (Print Name)	SIGNATURE		DATE COMPLETED TIME
PANEPINTO, LEO			05-OCT-2014 20:21:38
79. DISTRIBUTION OF ORIGINAL TRR:			
A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTA	CHMENTS WILL BE FORWARDED	TO THE OFFICE OF PROFESSIONAL STA	NDARDS.
ATTACHMENTS - PHOTOCOPIES OF: SUPPLEMENTARY REPORT		I.O.D. REPORT	80. TOTAL TRR'S THIS EVENT No.
CASE REPORT OFFICER BATTERY REPORT ARREST REPORT TO-FROM-SUBJECT REPORTS FROM		CR INITIATION REPORT	1

LOG #\_\_\_\_\_
Attachment #\_\_\_\_\_

# CHICAGO POLICE DEPARTMENT **ORIGINAL CASE INCIDENT REPORT**

3510 S. Michigan Avenue, Chicago, Illinois 60653 (For use by Chicago Police Department Personnel Only) CPD-11.388(6/03)-C



APPROVAL COMPLETE  IUCR: 5081 - Non-Criminal - Other Non-Criminal Property  Occurrence Location:  092 - Alley Occurrence Date: 05 October 2014 17:30	tober 2014 17:50
Occurrence Location:  Beat: 0934  Unit Assigned: 0934  RO Arrival Date: 05 Oct	ober 2014 17:50
	lober 2014 17:50
VICTIM - Individual	Police Officer
Name: JEFFERSON, Sherman	
3120 S Halsted St Beat: 0913	
Chicago, Illinois	
Police Officer - Chicago  Sobriety: Sober	
Sobriety: Sober CPD Officer: Yes	
Police Officer - Chicago Sobriety: Sober CPD Officer: Yes  WITNESS - Individual  Name:  Res:  Beat: 0934  Demographics  Male	
Name: Demographics	
Age	e: 53 Years
CPD Officer: No	
of B officer. No	
Miscellaneous Victim Information Provided Flash Message Sent	
Flash Message Sent	? No
IN SUMMARY: SHERMAN JEFFERSON #2445 (VICTIM) SGT FOR CHICAGO POLICE, WAS INVESTIGATION	ATING A DISPATCHED
CALL OF "TEENS GOING INSIDE A VACANT BUILDING". JEFFERSON STATES HE WAS WALKING IN	N ALLEY WHEN A
BLACK AND WHITE MIXED BREED DOG AGGRESSIVELY CHARGED TOWARDS HIM FROM AN UNFE GANGWAY. JEFFERSON IN FEAR OF RECEIVING GREAT BODILY HARM DISCHARGED HIS FIREAR TOWARDS THE ANIMAL, FATALLY STRIKING IT.	
	WNER OF THE . ANIMAL
REMOVED BY ANIMAL CONTROL OFFICER ALLISON #330 WITH ANIMAL INVENTORY	E SHELL CASING
ANIMAL AND WAS CITED 3 ANOVS UNDER TICKET NUMBERS REMOVED BY ANIMAL CONTROL OFFICER ALLISON #330 WITH ANIMAL INVENTORY INVENTORIED UNDER - STAR#: 9931 NAME: ANTONIO HERNANDEZ BEAT: 0934	
- STAR#: NAME: BEAT: 0990	
	Unit Beat
Star No Emp No Name User Date	
Star No Emp No Name User Date  Reporting Officer 6818 COSTELLO, Bobby 05 Oct 2014 19	

Page 1 conversion CLEAN its annihology

# **BUREAU OF INTERNAL AFFAIRS** SPECIAL INVESTIGATIONS SECTION

# **05 OCTOBER 2014** LOG # 1071837

TO:

Juan Rivera

Chief

Bureau of Internal Affairs

ATTN:

Robert Klimas

Commander

Bureau of Internal Affairs

ATTN:

Susan Clark #320

Lieutenant

Bureau of Internal Affairs

FROM:

Sergeant Robert Vanna #2232

Sergeant

Bureau of Internal Affairs

**SUBJECT:** 

Synoptic Report – Firearm Discharge Incident (ANIMAL)

**RESULTS:** 

BAC .000

REFERENCE:

LOG # 1071837

WD#

**INCIDENT** LOCATION:

DATE & TIME:

05 October 2014 at 1730 hours

**Command Staff:** 

Commander Leo Panepinto

# **INVOLVED MEMBER:**

Sgt. Sherman JEFFERSON #2445

Employee No:

Unit:

009<sup>th</sup> District

DOA:

22 November 1993

DOB: BAC:

WD #:

.000

#### NARRARTIVE:

Reporting sergeant was notified at 1755 hours by CPIC of a Weapons Discharge Incident – Animal that occurred in the 009<sup>th</sup> District at 1730 hours.

Reporting sergeant arrived at the 009<sup>th</sup> District at 1830 hours. Reporting sergeant presented Sgt. JEFFERSON #2445 with the "Notice of Alcohol and Drug Testing Following a Firearm Discharge Incident" form at 1930 hours. Reporting sergeant immediately began the twenty minute observation period of Sgt. JEFFERSON. During the observation period, Sgt. JEFFERSON indicated that he could provide a urine sample and was allowed to do so. Reporting sergeant collected the urine specimen from Sgt. JEFFERSON at 1935 hours. The Breath Test of Sgt. WHITE was conducted at 1954 hours and the BAC was .000.

Commander Panepinto was notified of the BAC results.

Robert Vanna #2232

Sergeant

Bureau of Internal Affairs

APPROVED:

Susan Clark #320

Lieutenant

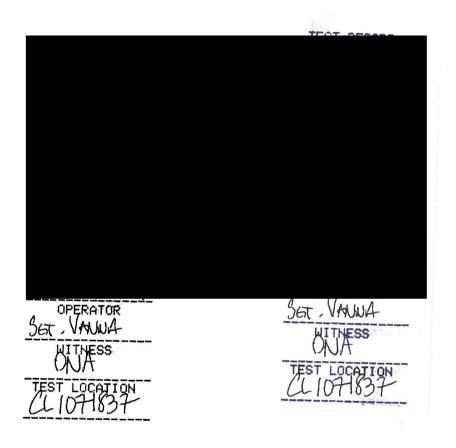
Bureau of Internal Affairs



# NOTICE OF ALCOHOL AND DRUG TESTING FOLLOWING A FIREARMS DISCHARGE INCIDENT

# CHICAGO POLICE DEPARTMENT

TO:	Involved	Member's Name	SH	ERMAN	JEFFERSON		aga : 6.8 m	SELGEAUT	
		2445		nployee No		Unit	_110e_ 	9	
The applicable collective bargaining agreements and policy of the Chicago Police Department require those involved in a firearms discharge incident to undergo testing for the presence of alcohol and drugs. You are hereby ordered to submit to this testing and are required to take an alcohol breath test and provide a urine specimen.									
Doparti	Any refusal to take the required tests or refusal to fully comply with the testing procedures will be treated as a violation of Department Rules and will subject you to discipline up to and including separation.  I acknowledge and understand this notice of testing.								
	Print Member's Name Involved Member's Signature Date and Time								
SHEA	MAN J	EFFGRSON		an			I	050cT14/1930	
Type o	f Test: Alco	ohol Location	n: <i>(10</i> :	950151	RICT	Date a	and Tin	ne: 050CT14 / 1954	
Type o	f Test: Dru	g Location	1: 009	LOISTE	ICT	Date a	and Tin	ne:0500T14/1935	
I have provided notice to the involved member and conducted the alcohol and drug testing as indicated.									
3.I.A. SL	ıpervisor's l	Name	a	B.I.A. Sup	ervisor's Signature		D	ate and Time	
	SGT- ROBERT VANNA #2232 SA: Khut Vann #2232 0500 114 / 1955								
JPD-44.	.252 (REV.	6/12)		DISTRIBUTION	ON: ORIGINAL - TO B I	A SUPERVISOR	COPY -	TO INVOLVED MEMBER	



DRUG TEST SPECIMEN AFFIDAVIT CHICAGO POLICE DEPARTMENT INSTRUCTIONS: Prepare in duplicate. Original (White) to Collection Unit; copy (Yellow) to member. Donor I.D. verified Photo I. D. by\_\_\_ Employer Representative Signature of Employer Representative A. On the 5th day of 00,000 , 2014 at 1935 PART I removed the foil-top seal from a cup, and then removed the contents from the cup. I urinated into this same cup, then I delivered this cup containing my urine specimen to 567. ROBERT VANNA and witnessed this member: (PRINT RECEIVING STAFF MEMBER'S NAME B. Break the Tamper Evident Plastic Filament Link between the cap and the base of the vial. MAIN TEST VIAL - NO. ALTERNATE TEST VIAL - NO. | C. Pour a portion of my urine specimen into a vial with the control number printed on it's side. D. Close the vial cap. E. Seal the vial with a piece of evidence tape which was placed across the cap and down both sides of the vial. I then initialed the evidence tape with specimen ID number F. Place my specimen in a bag which was closed with self adhesive tape. Then I initialed the barcode label on bag with the number EXAMINEE'S SIGNATURE STAR/EMP NO. WITNESS'S SIGNATURE STAR/EMP NO. STAR/EMP NO. PART II -The urine specimen with the control number \_ was received and then secured in the appropriate Random Drug Testing Unit refrigerator/freezer compartment by: (STAFFMEMBER'S SIGNATURE) (EXAMINEE'S INITIALS) I attest that the sealed urine specimen bag containing specimen ID number PART III was removed from the Random Drug Testing Unit refrigerator by \_\_\_\_ (RDTU MEMBER) and then delivered to

(LAB MEMBER)

(LAB MEMBER'S INITIALS)

CPD-62.441 (Rev. 3/11)

Specimen received by

STAR/EMP NO.

(TIME)

(RDTU MEMBER'S SIGNATURE)



			333 377-72
STEP 1: COMPLETED BY COLLECTOR OR EMPLOYE	R REPRESENTATI	VE	LAB ACCESSION NO.
A. Employer Name, Address, I.D. No.	В	. MRO Name, Address, I	Phone and Fax No.
	e de la secono		
		•	3.
C. Donor SSN or Employee I.D. No.		1	
D. Donor Name: Last;		First:	
E. Donor ID Verified: Photo ID Emp. R			
F. Reason for Test: Pre-employment (1) Ra  Return to Duty (6)  G. Drug Tests to be Performed:	indom (3) 🔲 Reaso Bollow-up (23) 🔄	nable Suspicion/Cause (Other (specify) (99)	5) Post-Accident (2) Promotion (22)
de la francia de la companya de la c		,	The second secon
H. Collection Site Name: 1077 10 10 17	Collecti	on Site Code:	
Address:	***************************************	Coll	ector Phone No.:
City, State and Zip: STEP 2: COMPLETED BY COLLECTOR		Coll	ector Fax No.:
Read specimen temperature within 4 minutes. Is tempera			
between 90° and 100° F? Yes No, Enter Remark	Split 🖰	Single None Prov	ided (Enter Remark) Observed (Enter Remark)
STEP 3: Collector affixes bottle seal(s) to bottle(s). Collect STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLE	ECTOR AND COME	HETCH DV I ADADATA	^p\/
I certify that the specimen given to me by the donor identified in the certification section on Copy	1 of this form was collected, labels	ed, seeled, and released to the Delivery S	ervice noted in eccordence with epplicable requirements.
Signature of Collector Tim	PM ne of Collection	SPECIMEN BOTTI	LE(S) RELEASED TO:
	1021.5	☐ Other	
RECEIVED	e (Mo./Day/Yr.)	Name of Delive	ery Service Transferring Specimen to Lab
AT LAB: X Signature of Accessioner	<u> </u>	<b>Bottle Seal Intact</b>	SPECIMEN BOTTLE(S) RELEASED TO:
	//	Yes	
(Print) Accessioner's Name (First, MI, Last)  Date  STEP 5: COMPLETED BY DONOR	e (Mo./Day/Yr.)	No, Enter Remark	
I certify that I provided my specimen to the collector; that I have not adulterated it	in any manner; each specime	n bottle used was sealed with a ter	mper-evident seel in my presence; and that the information and
The state of the state of the state of the specimen bottle is	correct.		The second of th
Signature of Donor			
/ \		(PRINT) Donor's Name (First, MI, L	ast) Date (Mo/Day/Yr.)
Daytime Phone No.	Evening Phone No. (		Date of Birth /
STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER	DDISSADV CDEO	2 55 20 90° 30 0	Mo. Day Yr.
In accordance with applicable requirements, my determination/verification is		IVI E N	
☐ NEGATIVE ☐ POSITIVE ☐ TEST CANCELLED	graning.	TEST BECAUSE:	
☐ DILUTE	OTTOMA .	TERATED SUBST	TITUTED
REMARKS			
		Annual Control of Cont	
X	NAME OF THE OWNER OWNER OF THE OWNER	and the second s	
Signature of Medical Review Officer TEP 7: COMPLETED BY MEDICAL REVIEW OFFICER	- SECONDARY CE	cal Review Officer's Name (First, M	I, Last) Date (Mo./Day/Yr.)
In accordance with applicable requirements, my determination/verification for			
☐ RECONFIRMED ☐ FAILED TO RECONFIRM - REASON			
X	PR		
Signature of Medical Review Officer	(PRINT) Madic	al Review Officer's Name (First, Mi	( I pet)
V .			(, Last) Date (Mo./Day/Yr.)

# RANDOM DRUG TESTING UNIT

# ALTERNATE COLLECTION RECEIPT

On the <u>16</u> day of <u>0c</u>	TOBER 20/4,1	INU.	WILLIAMS	10N	#6
received a collected urine spe	ecimen from <u>567.</u>	VANN	'A	# 2232	. The specimen
was delivered in sealed / unse	ealed condition and was	received in	packaging descr	ribed as:	
Select One A clear and	l blue CPD evidence/pr	operty bag c	containing two ta	pe-sealed v	ials (including
	a sealed Quest Diagnos				
or					ja.
				<b>***</b>	
Market and the second		Called Called Call Call Call Call Call Call Call Cal	THE SECRETARISE SECRETARISMENTARISE SECRETARISE SECRETARISE SECRETARISE SECRET	MAMMATON HARRIST AFA SATIONARI MAMMATON ARTHUR ARTH	DECERTIFICAÇÃO DE LA COMPANSA DEL COMPANSA DEL COMPANSA DE LA COMP
The packaging was then open	ned by INV. le	MLLIAM.	soN		in the presence
of SGT. VANNA		The followin	ig items were rer	noved from	the container:
Select One Done tape-so			And		a sealed Quest
Diagnostic	s specimen bag and one	: tape-sealec	l vial labeled #		
or					
		MARKET AND A COLUMN TO THE STREET AND A STREET AS A ST			
		STORE STATE OF THE		MANIEN - 1944	ABBETO ALL LANGE TO THE STATE OF THE STATE O
The specimen vials were then	n placed in the Random	Drug Testi	ng Unit collectio	n site refric	rerator/freezer
by INV. WILLIAM			SGT. VA		,014101/1100201
	,				
Specimen delivered by:	It Shout the				# 2232
Specimen denvered by.	Signature /				_#
The contract of the same	Mach 1/4	////			1
Received/stored by:	Signature /	neer			#_6

Last Name:	JEFFERSON	
	SHERMAN	
Rank:	SERGEANT	
Star #:	2445	
Unit:		
Home Zip C		
Date Hired:	22 NOV 93	)
Birthdate:	3	
		•
1	Ост	14
06	00	/ /
		, s

# DRUG TEST SPECIMEN AFFIDAVIT

CPD-62.441 (Rev. 3/11)

CHICAGO POLICE DEPARTMENT INSTRUCTIONS: Prepare in duplicate. Original (White) to Collection Unit; copy (Yellow) to member. Photo I. D. by Employer Representative \_\_ Signature of Employer Representative A. On the 5th day of OCTOBER, 2014 at 1935 feb PART I removed the foil-top seal from a cup, and then removed the contents from the cup. I urinated into this same cup, then I delivered this cup containing my urine specimen to 567. RIBERT VANNA and witnessed this member: (PRINT RECEIVING STAFF MEMBER'S NAME B. Break the Tamper Evident Plastic Filament Link between the cap and the base of the vial. MAIN TEST VIAL - NO. | ALTERNATE TEST VIAL - NO. | C. Pour a portion of my urine specimen into a vial with the control number printed on it's side. **D**. Close the vial cap. E. Seal the vial with a piece of evidence tape which was placed across the cap and down both sides of the vial. I then initialed the evidence tape with specimen ID number F. Place my specimen in a bag which was closed with self adhesive tape. Then I initialed the barcode label on bag with the number EXAMINEE'S SIGNATUBE STAR/EMP NO. WITNESS'S SIGNATURE STAR/EMP NO. STAR/EMP NO. STAFF MEMBER'S SIGNATURE PART II -The urine specimen with the control number as received and then secured in the appropriate Random Drug Testing Unit refrigerator/freezer compartment by: (STAFF:MEMBER'S SIGNATURE) (EXAMINEE'S INITIALS) I attest that the sealed urine specimen bag containing specimen ID number PART III was removed from the Random Drug Testing Unit refrigerator by (RDTU MEMBER) and then delivered to (LAB MEMBER) Specimen received by (LAB MEMBER'S INITIALS) (RDTU MEMBER'S SIGNATURE) STAR/EMP NO.

D.
STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE LAB ACCESSION NO.
A. Employer Name, Address, I.D. No.
AND A STATE OF THE
C. Donor SSN or Employee I.D. No.
D. Donor Name: Last: Lilia IIII First: First: Lilia IIII
E. Donor ID Verified: Photo ID Emp. Rep.
F. Reason for Test: Pre-employment (1) Random (3) Reasonable Suspicion/Cause (5) Post-Accident (2) Promotion (22)  Return to Duty (6) Follow-up (23) Other (specify) (99)
G. Drug Tests to be Performed:
H. Collection Site Name: dog 2 Collection Site Code:
Address: Collector Phone No.:
City, State and Zip: Collector Fax No.:
STEP 2: COMPLETED BY COLLECTOR  Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F? Yes No, Enter Remark  Specimen Collection: Specimen Collection
REMARKS (TO CONTINUE TO THE PROPERTY OF THE PR
STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5.  STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY  I certify that the specimen given to me by the donor identified in the certification section on Copy I of this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable requirements.
X SPECIMEN BOTTLE(S) RELEASED TO:  Quest Diagnostics Courier FedEx  Other
(Print) Collector's Name (First, MI, Lest)  Date (Mo./Day/Yr.)  Name of Delivery Service Transferring Specimen to Lab
RECEIVED AT LAB:  Signature of Accessioner  Yes  Primary Specimen Bottle Seal Intact Yes  SPECIMEN BOTTLE(S) RELEASED TO
(Print) Accessioner's Name (First, MI, Last)  Date (Mo./Day/Yr.)  No, Enter Remark
STEP 5: COMPLETED BY DONOR
I certify that I provided my specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a temper-evident seal in my presence; and that the information and numbers provided on this form and on the label affixed to each specimen bottle is correct.
Signature of Donor (PRINT) Donor's Name (First, MI, Last) Date (i/io./Day/Yr.)
Daytime Phone No. ( )  Date of Birth / Mo. Day Yr.
STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN
In accordance with applicable requirements, my determination/verification is:
☐ NEGATIVE ☐ POSITIVE ☐ TEST CANCELLED ☐ REFUSAL TO TEST BECAUSE: ☐ DILUTE ☐ ADULTERATED ☐ SUBSTITUTED
REMARKS
Signature of Medical Review Officer (PRINT) Medical Review Officer's Name (First, MI, Lest) Date (Mo./Day/Yr.)
Signature of Medical Review Officer (PRINT) Medical Review Officer's Name (First, MI, Lest) Date (Mo./Day/Yr.)  STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SECONDARY SPECIMEN
In accordance with applicable requirements, my determination/verification for the split specimen (if tested) is:
RECONFIRMED FAILED TO RECONFIRM - REASON
Signature of Medical Review Officer (PRINT) Medical Review Officer's Name (First, MI, Last) Date (Mo./Dey/Yr.)

# RANDOM DRUG TESTING UNIT

# ALTERNATE COLLECTION RECEIPT

On the 16 day of received a collected ur	OCTOBER	_20 <u>/4</u> , I _	INU. O	WILLIAM	130N	#	6
received a collected ur	ine specimen from _	567.	VANNI	9	# 2232	The spe	cimen
was delivered in sealed						•	
Select One A A cle						ials (incl	uding
	within a sealed Ques			4			
or							<del></del>
			3.44				
The packaging was the	in opened by $Z$	NV. W.	!!LIAMSO	3 N	i	n the pre	sence
of <u>SGT. VA</u> 1	INA	The	following	items were re	emoved from	the conta	ainer:
Select One A One	tape-sealed vial labe	led#	AFRA			a sealed (	
Diag	nostics specimen ba	g and one ta	pe-sealed v	vial labeled #			
or							
			A Language Commission of the C				West Community
The specimen vials we by <i>INV. WILL</i>				Unit collecti		erator/fre	ezer
Specimen delivered	01/2	et chans				# <u>2</u> 2.	32
Received/stored by:	Micha/ Signature//	1/4/1	llean			#_6	, 

RDTU Alternate Collection Receipt 11Feb2011



# NOTICE OF ALCOHOL AND DRUG TESTING FOLLOWING A FIREARMS DISCHARGE INCIDENT

CHICAGO POLICE DEPARTMENT

TO:		Member's Name	SHERMAN	JEH-GESON	Tit	Ie SELGEAUT		
	Star No.	2445	Employee No.	·····	Unit $\partial$	99		
The applicable collective bargaining agreements and policy of the Chicago Police Department require those involved in a firearms discharge incident to undergo testing for the presence of alcohol and drugs. You are hereby ordered to submit to this testing and are required to take an alcohol breath test and provide a urine specimen.								
Depart	ment Rules	and will subject y	ou to discipline up to	omply with the testing and including separa	procedures will ation.	be treated as a violation of		
		understand this						
Print N	lember's N	ame	Involved M	ember's Signature		Date and Time		
SHE	EMAN J	EFFGRSON	- may			050cT14/1930		
Туре	of Test: Alco	<b>hol</b> Location	1: 009 to 01570	4CT	Date and	Time: 0500T14 / 1954		
Type of Test: Drug Location: 0947			1: 009 to 015TR1	CT	Date and	Date and Time: 0500714 /1935		
I have provided notice to the involved member and conducted the alcohol and drug testing as indicated.								
B.I.A. Supervisor's Name B.I.A. Supervisor's Signature Date and Time						Date and Time		
		TVANNAF	12232 SA:	thest Vann	#2232	OSW 114 / 1955		
CPD-44	CPD-44.252 (REV. 6/12) DISTRIBUTION: ORIGINAL - TO B.I.A. SUPERVISOR, COPY - TO INVOLVED MEMBER.							

Juest Diagnostics

10/7/2014 3:39:55 PM

# **Drug Detail Report**

#### PATIENT INFORMATION

Quest Diagnostics Employer Solutions Customer Care: 800-877-7484

Primary ID:

SPECIMEN INFORMATION

REQUISITION: LAB REF NO:

COLLECTED: RECEIVED:

10/5/2014 19:35 10/7/2014 08:16 10/7/2014 15:42

REPORTED: DOCUMENT ID:

Reason: OTHER -- MANDATORY WEAPONS DISCHRG

**CLIENT INFORMATION** 

USHW/CHICAGO POLICE DEPT 3510 S MICHIGAN AVE

CHICAGO, IL 60653

CSL: N/P

Tests Ordered: 39409N

Integrity Checks Acceptable Range

CREATININE 319.2 mg/dL >/= 20 mg/dLрН 5.0 4.5-8.9

OXIDIZING ADULTERANTS Negative

Substance Abuse Panel Initial GC/MS Confirm Test Level Test Level AMPHETAMINES Negative 1000 ng/mL 500 ng/mL BARBITURATES Negative 300 ng/mL 200 ng/mL BENZODIAZEPINES Negative 300 ng/mL 200 ng/mL COCAINE METABOLITES Negative 300 ng/mL 150 ng/mL MARIJUANA METABOLITES Negative 50 ng/mL 15 ng/mL METHADONE Negative 300 ng/mL 200 ng/mL MDA-ANALOGUES Negative 250 ng/mL 200 ng/mL OPIATES Negative 300 ng/mL 300 ng/mL OXYCODONES Negative 100 ng/mL 100 ng/mL PHENCYCLIDINE Negative 25 ng/mL 25 ng/mL PROPOXYPHENE Negative 300 ng/mL 200 ng/mL

CERTIFYING SCIENTIST:

SPECIMEN RECEIVED AND PROCESSED IN THE

LAB: Quest Diagnostics-Lenexa

> 10101 Renner Blvd Lenexa KS 66219

ADDITIONAL COMMENTS:

Test Type: MANDATORY WEAPONS DISCHRG mapped to OTHR